

## State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004, WILL BE ASSESSED A \$50.00 LATE FEE.

SM	ITH, SMITH & WARD, LLC		ADDRESS OF PRINCIPAL	
	LOVE LN TTERY, ME 03904		22 LOVE LN KITTERY, ME 03904	
	ENTITY TYPE:	LLC	1	, i
	BUSINESS ID:	327455	-	REGISTERED AGENT AN
	STATE OF DOMICILE:	NH	-	R R BERGERON CPA
	FEDERAL ID:	020512212		503 STATE ST
	ANY LAWFUL ACT INCL OPERATION OF THE ACTS:		PORTSMOUTH, NH 03801	

	ADDRESS OF PRINCIPAL OFFICE:				
	22 LOVE LN				
	KITTERY, ME 03904				
1	REGISTERED AGENT AND OFFICE:				
	R R BERGERON CPA				
	503 STATE ST				
	PORTSMOUTH, NH 03801				

	If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.						
2	The new mailing address						
	The new principal office address						
	PO Box is acceptable.						
MANAGERS MEMBERS							
	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).		NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).				
	LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT		MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS B				
	NAME		NAME				
	STREET		STREET				
	CITY/STATE/ZIP		CITY/STATE/ZIP				
	NAME	Æ					
3	STREET		STREET				
3	CITY/STATE/ZIP		CITY/STATE	/ZIP			
	NAME		NAME				
	STREET		STREET				
	<u>CITY/STATE/ZIP</u>		CITY/STATE	/ZIP			
	VAME		NAME				
	STREET		STREET				
	<u>CITY/STATE/ZIP</u> <u>CITY/STATE/ZIP</u>						
	NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED						
	To be signed by the Manager, if no manager, must be signed by a member.  I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.						
4							
	Sign here:	2:					
	Please print name and title of signer:	I					
	NAME			TITLE			
	REPORT FEE IS: \$100.00	RT FEE IS: \$100.00 E-MAIL ADDRESS (OPTIONAL):					



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: